

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below beneath my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which Letters Patent is sought on the invention entitled

**SYSTEM AND METHOD FOR PROVIDING PRESCRIPTION ASSISTANCE
FOR INDIGENT PATIENTS USING PROGRAMS PROVIDED BY
PHARMACEUTICAL MANUFACTURES**

the specification of which X is attached hereto
(check one) was filed on
as Application S.N.
and was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or invention certificate, or a PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

| (Number) | (Country) | (Day/Month/Year Filed) | YES | NO |
|----------|-----------|------------------------|-----|----|
|----------|-----------|------------------------|-----|----|

| | | | | |
|----------|-----------|------------------------|-----|----|
| (Number) | (Country) | (Day/Month/Year Filed) | YES | NO |
|----------|-----------|------------------------|-----|----|

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

| | |
|------------------------|-----------------------|
| <u>60/197,416</u> | <u>April 14, 2000</u> |
| (Application Ser. No.) | (Filing Date) |
| <hr/> | |
| (Application Ser. No.) | (Filing Date) |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

| | | |
|------------------------|--------------------------------|----------|
| (Application Ser. No.) | (Filing Date) | (Status) |
| | (patented, pending, abandoned) | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

B. Edward Shlesinger, Jr., Reg. No. 17,225; George A. Arkwright, Reg. No. 20,158; George A. Garvey, Reg. No. 17,737; Josefino P. de Leon, Reg. No. 33,166; Terrence L. B. Brown, Reg. No. 32,685; Michael M. Zadrozny, Reg. No. 30,985; Brian J. Marton, Reg. Agent 30,292; and Donald Kolasch, Reg. No. 23,038;

SEND CORRESPONDENCE TO: SHLESINGER, ARKWRIGHT & GARVEY LLP
3000 South Eads Street
Arlington, Virginia 22202

DIRECT TELEPHONE CALLS TO Josefino P. de Leon (703) 684-5600

The undersigned hereby authorizes the U.S. attorney(s) or agent(s) named herein to accept and follow instructions from Patty Kake, Inc. as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) or agent(s) and the undersigned. In the event of a change in the persons from whom

instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor DONALD R. KAKER
Inventor's signature *[Signature]* Date 3/22/01
Residence 1926 Camelot Drive, Grapevine, Texas 76051
Citizenship U.S.
Post Office Address same as above

Full name of second or joint inventor TERRY F. SCHWARZ
Inventor's signature *[Signature]* Date 3-26-01
Residence 26832 Vista Del Mar, Capistrano Beach, California 92624
Citizenship U.S.
Post Office Address same as above

Full name of third or joint inventor BRIAN T. HARPER
Inventor's signature *[Signature]* Date 3/22/2001
Residence 2020 Camelot Drive, Grapevine, Texas 76051
Citizenship U.S.
Post Office Address same as above

Applicant: DONALD R. KAKER et al.Filed: HerewithFor: SYSTEM AND METHOD FOR PROVIDING PRESCRIPTION ASSISTANCE FOR
INDIGENT PATIENTS USING PROGRAMS PROVIDED BY PHARMACEUTICAL
MANUFACTURERSVERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
37 CFR 1.9(I) AND 1.27(b) - Independent Inventor

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled SYSTEM AND METHOD FOR PROVIDING PRESCRIPTION ASSISTANCE FOR INDIGENT PATIENTS USING PROGRAMS PROVIDED BY PHARMACEUTICAL MANUFACTURERS described in the specification filed herewith.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

I acknowledge the duty to file, in this application or patent, notification to any change in status resulting in loss of entitlement to small entity status prior to payment, or at the time of paying, the earliest of the issue fee or any maintenance fees due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

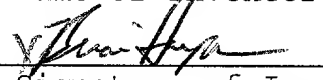

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

DONALD R. KAKERTERRY F. SCHWARZBRIAN T. HARPER

Name of Inventor

Name of Inventor

Name of Inventor



Signature of Inv.

Signature of Inv.

Signature of Inv.

3/14/013/15/013/14/01

Date

Date

Date